



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/619,148	FILING DATE 07/19/2000 RULE -	CLASS 435	GROUP ART UNIT 1643 1641	ATTORNEY DOCKET NO. 00631000049
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## APPLICANTS

Kazuo Uchida, Kyoto, JAPAN;  
 Shinichi Mashiba, Kyoto, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Japanese Applications:  
 11-207913 filed 7/22/99  
 2000-12210 1/20/00

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 09/13/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	JAPAN	7	11	2
Verified and Acknowledged	<i>Reed L. Cook LVC</i> Examiner's Signature	Initials			

## ADDRESS

23418

## TITLE

Method for detecting low density lipoprotein (LDL) or denatured low density lipoprotein in blood

FILING FEE RECEIVED 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Printed 03/13/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/619,148	07/19/2000	435	1641	00631000049

APPLICANT  
KAZUO UCHIDA, KYOTO, JAPAN; SHINICHI MASHIBA, KYOTO, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

LVC

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

LVC

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

LVC

Japanese Application No. 11-207913 filed 7/22/99  
Japanese Application No. 2000-12210 filed 1/20/00

FOREIGN FILING LICENSE GRANTED 09/13/2000

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="checkbox"/> no O yes <input checked="" type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>Lisa Y. Cat</u> Examiner's Name Initials	JPX	7	11	2

ADDRESS  
VEDDER PRICE KAUFMAN & KAMMHLZ  
222 N LASALLE STREET  
CHICAGO , IL 60601

TITLE  
METHOD FOR DETECTING LOW DENSITY LIPOPROTEIN (LDL) OR DENATURED LOW DENSITY LIPOPROTEIN IN BLOOD

FILING FEE RECEIVED  \$*****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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